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## FACSIMILE TRANSMISSION

Total number of pages, including this cover sheet: 6 pages

TO:	PHONE #:	FAX #:
Examiner Louis D. Lieto U.S. Patent and Trademark Office Art Unit 1632	(571) 272-2932	(571) 273-8300

From : Stacy L. Taylor  
Email Address : [staylor@foley.com](mailto:staylor@foley.com)  
Sender's Direct Dial : 858.847.6720  
Date : December 8, 2006  
Client/Matter No : 041673-2115

### MESSAGE:

U.S. Patent Application No. 10/748,337

Following is:

- 1) Request for Continued Examination (4 pgs.); and
- 2) Credit Card Payment Form (1 pg.).

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Cover Page 1 of 1

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Atty. Dkt. No. 041673-2115

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tuszynski, Mark H.  
Title: METHODS FOR THERAPY  
OF  
NEURODEGENERATIVE  
DISEASE OF THE BRAIN  
Appl. No.: 10/748,337  
Appl. Filing Date: 12/29/2003  
Examiner: Lieto, Louis D.  
Art Unit: 1632

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.  Rachel Cpputo (Printed Name)  <i>Rachel Cpputo</i> (Signature)  December 8, 2006 (Date of Deposit)
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**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

**1. Submission required under 37 C.F.R. § 1.114: (check items that apply)****a. Previously submitted:**

12/11/2006 TL0111 00000016 10748337

01 FC:2001  
02 FC:2251395.00 OP  
60.00 OP

-1-

DLMR\_291742.1

Atty. Dkt. No. 041673-2115

☒ Please enter and consider the amendment and/or reply previously filed on October 16, 2006.

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on \_\_ but not considered.

☐ Please consider the arguments in the Appeal Brief or Reply previously filed on \_\_.

b. Enclosed are:

☐ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO-1449 with copies of \_\_ listed reference(s).

☐ Other .

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	14	- 20	= 0	x \$50.00	= \$0.00
Independents	1	- 3	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00

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Atty. Dkt. No. 041673-2115

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 CLAIMS FEE TOTAL: = \$790.00
 

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☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$120.00	1	\$120.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00		\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00		\$0.00
EXTENSION FEE SUBTOTAL:			\$120.00
EXTENSION FEE ALREADY PAID: -			\$0.00
EXTENSION FEE TOTAL			\$120.00
CLAIMS AND EXTENSION FEE TOTAL:			\$910.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$455.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)		\$0.00
TOTAL FEE:			\$455.00

A credit card payment form in the amount of \$455.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Atty. Dkt. No. 041673-2115

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 12-8-2006

By Stacy L. Taylor

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